

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/14/2019		Time of Crash 08:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
SOUTH CHESTNUT ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	
WEST HIGHLAND ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												10	
Route# Direction Name of Intersecting Roadway/Street												11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000491								3	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LYONS MINNIE L Address 135 PLEASANT ST (apt. 31) City ARLINGTON State MA Zip 02476 Insurance Company SAFETY				Reg # 4HL536 Reg Type PAN Reg State MA Veh Year 2016 Veh Make NISSAN Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				1 4 4 0 0 10 1								1	
7 2 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ERNST TIFFANY Address 3 PUDINGSTONE LANE City MENDON State MA Zip 01756 Insurance Company LIBERTY MUTUAL				Reg # 5RXK30 Reg Type PAN Reg State MA Veh Year 2012 Veh Make VOLKS Veh Config. 1 20 Owner ERNST JEFFREY Address 8 THAYER ST City HOPEDALE State MA Zip 01747 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator/Non-Motorist See Above				1 4 4 0 0 10 1									
BROWN, LOGAN 52 GREYLOCK RD NEWTON, MA 02465				M 4 1 4 4 0 0 10 1									
BROWN, KYLA 52 GREYLOCK RD NEWTON, MA 02465				F 6 1 4 4 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

chestnut st

Unit 1

Unit 2

201 highland st

**NOT TO SCALE**

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

ON 5-14-19 AT APPROX. 0856HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHESTNUT AND HIGHLAND I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING S-BOUND ON CHESTNUT WHEN VEHICLE #2 CAME FROM THE LEFT EXIT OF HIGHLAND AND HIT HER VEHICLE ON THE LEFT SIDE. OPERATOR OF VEHICLE #2 STATES SHE WAS TAKING A LEFT TURN FROM HIGHLAND ONTO CHESTNUT ST. SHE SAW THERE WAS NO TRAFFIC COMING N-BOUND ON CHESTNUT ST. SO SHE BEGAN TO ENTER ONTO CHESTNUT. SHE STATES WHEN SHE SAW VEHICLE #1 SHE BRAKED BUT BECAUSE THE ROAD WAS WET AND SHE WAS ON A DECLINE SHE WAS UNABLE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD A DENTED LEFT DRIVER SIDE DOOR AND SCRAPES ALONG THE LEFT SIDE OF HER VEHICLE. VEHICLE #2 HAD RIGHT FRONT CORNER DAMAGE AS WELL AS MINOR GRILLE DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code